

## **AFFIDAVIT OF MAILING**

## **STATE OF DELAWARE**

## **DELAWARE BOARD OF PARDONS**

Applicant Name	Date of Birth
The above applicant has filed a petition for a comm utation with the Board of Pardons ("Board") in the Secretary of State's Office, 401 Federal Street, Suite 3, Dover, DE 19901. The petition will be heard at the earliest possible date as determined by the Board.	
Copies of this affidavit of mailing have been a sentence of the Judge(s) who presided at the sentence of the Judge(s) who presided at the sentence of Joseph R. Biden, III, Esq. Attorney General Chief of Police in the city/county where of the Colonel Robert M. Coupe, Superintender of the Colonel Ro	eing hearing(s) or Presiding Judge(s) eral, Department of Justice
Reason(s) for applying:	
Offense(s) and Date(s) of Arrest:  Signature of Applicant	D-4-
3	Date
STATE OF	
	s/she is attesting that all statements contained in his/her application are true uppressed any information that might affect this application.
Sworn to me before me this day of	
Signature of Notary Public	
My commission expires	(SEAL)

**IMPORTANT:** Make sure you have completed every item on the checklist and that your application is signed and complete. Any missing information will significantly delay processing.